1095-C	Empl	oyer-Prov	/ided H	Employer-Provided Health Insurance Offer and Do not attach to your tax return, Keer of the your records.	ant e	Offer		Coverage	age				T	OMB No.	OMB No. 1545-2251	
Internal Revenue Service		Go to www.	irs.gov/Forr	► Go to www.irs.gov/Form1095C for instructions	ction	and the latest information.	est Infor	A Information. Applicable Large Employer Member (Employer)	arge Er	nolove	Mem	OF IE	-		2018	
7 2 6	name, middle initial, last n	ame)	2 Social s	2 Social security number (SSN) ****_**_7997		7 Name of employer	employer	N e					8 Emplo	8 Employer identification number (EIN)	tion numb	er (EIN)
3 Street address (including apartment no.)	a apartment no.)		,	2	1	a Street a	ddress (inc	9 Street address (including room or suite no.)	n or suite r	<u>ē</u>			10 Contac	t telephone numb	n loc	
47 FREEDOM DR	g abaranon			10	parts -	100 CITY SQUARE	LA SOL	ARE					Contac	(469) 782-3130	2-3130	
4 City or town	5 State or province		6 Country	6 Country and ZIP or foreign postal cod	0	11 City or town	OWN		12 State	12 State or province	8		13 County	13 Country and ZIP or foreign postal code	oreign post	il code
MONTPELIER	\\			05602-3342		BOSTON	Ž				MA	L		02129	29	
Paralli Employe	Employee Offer of Coverage	je				Plan Start M	art Mo	onth (enter 2-digit number):	er 2-digi	t numbe	3					
- 1	All 12 Months Jan	Feb	Mar	Apr	May	June	Φ	July	Aug	g	Sept		Oct	Nov		Dec
14 Offer of Coverage (enter required code)	\$	Ŕ	¥	¥	×	15		¥	1		₹		₹	 		\$
15 Employee Required Contribution (see	\$ 44.45 \$	44.45 \$	44.45 \$	\$ 44.45 \$	44. 45	€9	44.45 \$	44.45	€	44.45 \$	44.45	4	44.45	\$ 44.45	()	44.45
980H and (enter	2C	2C	2C	20	20	2C		20	2C		20		20	2C		2C
Partill Covered If Employer	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each	d coverage,	check the	box and enter th	e info	nation for		individual enrolled in coverage, including the employee.	enrolled	in cove	overage, including	cluding	the emp		×	
(a) Name of covered individual(s) First name, middle initial, last name	ared individual(s) a initial, last name	(b) SSN or other TIN	other TIN	TIN is not available)	all 12 months	nonths Jan	Feb	Mar	Apr	May	June	July	S guv	Sept Oct	Nov	Dec
M _a	Dasari	****-7997	7997			×	×	×	×	×	×	×		$ \times $		×
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For Privacy Act and Paperwork Reduction Act Notice, see separate instruction	perwork Reduction A	t Notice, see	separate ii	nstructic sins.												